COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3, ☐ Agent Print your name and address on the reverse ☐ Address so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to: ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: П No CHIP ZIEGI FR ZIEGLER CHEMICAL & MINERAL 600 PROSPECT AVE BLDG A **PISCATAWAY NJ 08854-1414** 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restri ☐ Certified Mail® Delivery 0163 5234 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation 7003 2260 0003 Restricted Delivery 8557 ail Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053

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